

Kind/Ballard - Benefits Verification Sheet

Chiropractic Benefits

Primary or Secondary Insurance

Date _____ Time _____

Patient Name _____ Patient DOB _____

ID # _____ Group # _____

Representative Name _____ Phone Number _____

Insurance Company _____

Claims Address _____ Electronic Payer ID Code _____

Effective Date _____ Policy Type _____ In or out of network? In or Out

Pre-Existing Condition Clause? Yes or No How Long? _____ Look back time? _____

4th quarter carry-over deductible? Yes or No Out of Pocket? _____

Policy Deductible	Individual Deductible: _____ Family Deductible: _____
	Amount Met: _____ Amount Met: _____

		Deduct?	CP/Coinsurance	Dollar/Visit Max	Benefits Used?	Auth or Ref?
Spinal Manip	98940-98941					
Extremity Manip	98943					
Traction	97012					
E-Stim	97014					
Therapeutic Exercises	97110					
Ultrasound	90735					
Exams	99202-99214					
Xrays	72020-72110					
Orthotics	L3020					
Taping	29220-29540					